

APPENDIX A

MEDICAID HOME AND COMMUNITY-BASED WAIVER SCOPE OF SERVICES FOR CASE MANAGEMENT SERVICES

A. Objective

The objective of Case Management is to provide service counseling and support and to assist participants in coping with changing needs and with making decisions regarding long term care. It also ensures continued access to appropriate and available services.

B. Conditions of Participation

1. The Provider must have demonstrated experience in the health and human service field.
2. The Provider must be able to provide Case Management in a county(s) specified geographic area. Case Managers servicing multiple area offices must designate a primary work site.
3. The Provider and provider staff must be independent of the service delivery system and not a provider of services which could be incorporated into a CLTC participant's plan of care, including but not limited to CLTC waiver services, home health services, and nursing facility services.
4. The Provider will be responsible for provision of all supplies and tools necessary to carry out case management functions. The Provider will be responsible for assuring each Case Manager has a laptop computer meeting SCDHHS specifications when requested.
5. The Provider and provider staff must not be employed by, consulting to, or contracted with any company providing services which could be included in a plan of care.
6. The Provider will ensure Case Managers are available by phone to participants and CLTC staff Monday through Friday, 8:30 A.M. to 5:00 P.M., and, if there is other employment, the Provider will guarantee accessibility to the program. Case Managers must also be available to meet with CLTC staff in area offices, upon reasonable notice, for certain purposes, including, but not limited to:
 - a. discussing QA findings
 - b. participating in team staffings
 - c. attending training and meetings on policy updates
 - d. conducting case transfers

7. The Provider will ensure that each Case Manager participates in the Care Call monitoring and payment system. Care Call billing must be done at the time of the Case Management activity. For monthly contacts, this means that the Care Call documentation should be done immediately after the contact is made. For home visits, the documentation should be made while in the participant's home.
8. The Provider will ensure that each Case Manager providing Case Management services uses the CLTC automated Case Management System (CMS) to document Case Management activities and produce all necessary reports.
9. The Provider will ensure that each Case Manager meets the Training Requirements set out in Article F of this document.

C. Description of Services to Be Provided

The unit of service will be one calendar month, or any portion thereof, commencing on the date that the participant is entered into Case Management. This unit will include all necessary Case Management activities performed during that month.

1. The Provider shall submit to CLTC a list of regularly scheduled holidays and the Provider shall not be required to furnish services on those days. The provider must not be closed for more than two (2) consecutive days at a time, except when a holiday falls in conjunction with a weekend. If a holiday falls in conjunction with a weekend, a Case Management Provider may be closed for not more than four (4) consecutive days.
2. Case Management activities must be performed within reasonable hours as set forth in the Policy and Procedure Manual.
3. The Case Manager must use professional judgment in allotting a sufficient amount of time to complete each participant-related activity for which she/he is billing, including Monthly Contacts and Initial, Quarterly, and Re-evaluation Visits. If Care Call shows that the amount of time spent to complete the billed activities for a particular day does not meet CLTC's expectations of the time necessary to complete those activities, then in SCDHHS' sole discretion, CLTC may conduct an investigation and may recoup payments for those activities from the Provider.

D. Case Management

1. Cases will be assigned per participant choice.
2. Case Management providers must notify SCDHHS within two (2) days of their intent to accept or decline a referral for participant service. Once a case is accepted, team staffing must occur within two (2) days.

3. Case Management services to be provided include the following activities:
 - a. Initial visit as first billable activity unless it has already been completed or a monthly contact is the appropriate action based on participant need.
 - b. Developing, monitoring and ongoing evaluation of the service plan.
 - c. Authorizations for waiver services (including initial changes, and terminated authorizations.) contact with chosen provider must be made prior to issuance of authorization.
 - d. Ongoing problem solving to address participant needs.
 - e. Resource assessment and development with referrals to other agencies as needed.
 - f. Service coordination to include coordination of community based support and participation in interagency case staffings.
 - g. Case monitoring, monthly or more often as appropriate.
 - h. Reevaluation to include team staffing with state staff.
 - i. Level of care review and determination.
 - j. Service counseling with participant and families.
 - k. Case termination and transfer.
4. Case Management services must be provided in accordance with the CLTC Services Provider manual, the CLTC program policies and procedures, the applicable SCDHHS policies and procedures, and the applicable federal and state statutes and regulations. All of the foregoing provisions, policies, procedures, statutes and regulations (together with any subsequent amendments) are hereby incorporated as an integral part of this Scope of Service.
5. Case Managers must:
 - a. team staff new cases within 2 days excluding Saturday and Sunday
 - b. check voice mail twice daily Monday-Friday, excluding holidays
 - c. return calls within 24 hours of message, excluding Saturday and Sunday
 - d. upload within 2 days of any case activity, excluding Saturday and Sunday
 - e. report all missing charts to Area Administrator/Lead Team immediately
 - f. check e-mails daily, Monday-Friday (and respond)

6. Once a case has been relinquished or transferred to another provider, there should be no further contact of the previous Case Management entity with participants and/or responsible party.

E. Staffing

1. Case Managers must have no felony conviction of any kind. Hiring of employees with misdemeanor convictions will be at the discretion of the provider. Employees hired prior to July 1, 2007 will not be required to have a criminal background check.
2. Case Managers must have a current valid driver's license.
3. Case Managers must have demonstrated skills in computer hardware/software access and usage.
4. Case Managers must display a picture identification badge identifying agency/organization or independent status.
5. Routine ongoing Case Management will be conducted by one of the following:
 - a. Social Workers licensed by the state of South Carolina
 - b. Individuals with a BSW or MSW degree who are not licensed but have 2 years experience in a health or social related field
 - c. RNs currently licensed by the state of South Carolina or by a state that participates in the Nursing Compact.
 - d. Professional Counselors currently licensed by the state of South Carolina
 - e. Certified Geriatric Care Managers.
 - f. An individual who is not a licensed Social Worker, BSW/MSW with experience, Registered Nurse, or licensed counselor, but was enrolled and active, or hired through a provider agency prior to July 1, 2007. All individuals enrolled or hired through a provider agency on or after July 1, 2007 must be a licensed Social Worker, BSW/MSW with experience, Registered Nurse, or licensed counselor or geriatric care manager.
 - g. All Case Managers who have professional licenses must comply with the continuing education requirements necessary for their specific licensure.
 - h. All Case Managers who do not have professional licenses must have a minimum of ten (10) hours relevant in-service training per calendar year (The annual ten-hour requirement will be on a pro-rated basis during the first year of employment). Documentation shall include topic, name and title of trainer, training objectives, outline of content, length of training, location, and outcome of training. Topics for specific in-service training may be mandated by CLTC.

6. Case Managers must agree to accept a minimum of 35 cases and cannot carry a caseload of over eighty-five (85) cases without the approval of the CLTC Area Administrator or lead team Case Manager or over ninety-five (95) without central office approval. Once a case has been accepted, it must be retained by the assigned Case Manager for 90 days unless otherwise requested by participant choice.

7. PPD Tuberculin Test

No more than ninety (90) days prior to employment, all staff having direct participant contact shall have a PPD tuberculin skin test, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new employees in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years, is likely to represent the occurrence of infection with *M. Tuberculosis* in the interval. If the reaction to the second of the initial two tests is positive, this probably represents a boosted reaction, and the person should be considered as being infected.]

In lieu of a PPD tuberculin test no more than 90 days prior to employment, a new employee may provide certification of a negative tuberculin skin test within the 12 months preceding the date of employment and certification from a licensed physician or local health department TB staff that s/he is free of the disease.

Employees with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment must be given, and the person must not be allowed to work until declared non-contagious by a licensed physician. Routine chest radiographs are not required on employees who are asymptomatic with negative tuberculin skin tests.

Employees with negative tuberculin skin tests shall have an annual tuberculin skin test.

New employees who have a history of tuberculosis disease and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared non-contagious.

Preventive treatment should be considered for all infected employees having direct participant contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment. Employees who complete treatment, either for disease or infection, are exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Employees who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative employees within twelve (12) weeks after termination of contact to a documented case of infection.

Providers needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201 (phone (803) 898-0558).

8. Personnel folders: Individual records will be maintained to document that each member of the staff has met the above requirements

F. Case Management Training

1. All Case Managers must attend Medicaid sponsored case management training and obtain passing scores on all Competency tests administered by Medicaid.
2. Case Managers identified by CLTC Quality reviews as needing remedial training must attend CLTC training and obtain passing scores on all Competency tests.
3. Case Managers who do not obtain passing scores on all Competency tests may not be assigned any Medicaid cases.
4. All new Case Managers must attend SCDHHS CLTC orientation before being assigned cases.
5. All new Case Managers must complete 40 hours of SCDHHS CLTC training within 2 consecutive weeks of beginning of training.
6. CLTC training must begin no later than 2 months after orientation.
7. First month case assignments must be coordinated with the regional trainer to ensure adequate case coverage with no assignments of re-evaluations to any new employee without prior authorization.

G. Administrative Requirements

1. The Provider must maintain an up-to-date organizational chart that is available to each employee.
2. The Provider must maintain written bylaws (or the equivalent) for governing the provider's operations.
3. The Provider shall not enter into any subcontract without prior written approval from SCDHHS/CLTC.
4. The Provider must assure SCDHHS that a governing body or person(s) so functioning shall assume full legal authority for the operation of the provider agency.
5. The Provider shall acquire and maintain, during the life of the contract, liability insurance and worker's compensation insurance as required in Article IX paragraph D. The Provider is required to list SCDHHS-CLTC as certificate holder for notice purposes on all insurance policies using the following address: Post Office Box 8206, Columbia, South Carolina, 29202-8206.
6. The Provider will be responsible for continuing Case Management activity for all cases in each caseload for the entire month. Should the Provider be unable to cover a case(s), the Provider shall immediately notify SCDHHS/CLTC in writing.
7. The Provider must have an effective written back-up service provision plan in place to ensure that the participant receives the Case Management services as authorized. Whenever the Provider determines that services cannot be provided as authorized, the Area Administrator/Lead Team Case Manager must be notified by telephone immediately.
8. All participant records will be maintained in the CLTC office and will be available to CLTC and to the Provider during normal working hours, as needed. The files will be retained and archived pursuant to the record retention requirements of this contract and state archiving policies.
9. The Provider will be responsible for appropriate participation in the SCDHHS Appeals and Hearings process with respect to appeals of any action involving the Provider within the scope of this contract.
11. The Provider will conduct an on-site supervisory visit within fifteen (15) days or sooner as requested by CLTC Central Office of a request by the CLTC Area Administrator and/or Central Office when problems have been identified.

12. The Provider is subject to recoupment for payments made for services as a result of authorizations issued by provider staff not consistent with CLTC policies and procedures and in accordance with the CLTC Case Management Recoupment Guidelines.
13. The Provider must disclose to SCDHHS the names and relationships of any relatives of the Provider or its staff who provide items or services to Medicaid beneficiaries. For purposes of this contract, the Provider means all owners, partners, managing employees, directors and any other person involved in the direct management and/or control of the business of the Provider. The Provider's staff includes everyone who works for or with the Provider, including independent contractors, in the provision of or billing for services described in this Contract. Relatives means persons connected to the Provider by blood or marriage.

The Provider must disclose all such relationships in writing to (insert position title), CLTC, SCDHHS, within thirty (30) days of learning of the relationship. The Provider, in executing this Contract, certifies that it has in place policies, procedures or other mechanisms acceptable to SCDHHS to identify and report these relationships.

Failure to report a relationship timely or to have the appropriate policies and procedures in place may result in sanctions by SCDHHS up to and including termination of this Contract for cause.

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